

DECLARATION FOR PATENT RIGHT

Docket number
AP4001-VRZ1BA03

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled SUPPORTING DEVICE USED IN HAIR DYING, the specification of which is attached hereto unless the following box is checked:

☐ was filled on _____ as United States Application Number or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patent ability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a) – (c) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

(Number) (Country) (Day/Month/Year filed)



(Number) (Country) (Day/Month/Year filed)



I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

(Application Number) (Filing Date)

(Application Number) (Filing Date)

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. §112.

I acknowledge the duty to disclose information which is material to patent ability as defined in 35 U.S.C. §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Number) (Filing Date) (Status-patented, pending, abandoned)

(Application Number) (Filing Date) (Status-patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of title 18 of the United States Code

Full Name of sole or first inventor (given name, family name) Ji-Fan, Hsing (FAMILY NAME: Hsing)

Inventor's signature Ji-fan, Hsing Date Jan. 1, 2004

Citizenship TAIWAN, R. O. C.

Mailing Address 235 Chung - Ho Box 8-24 Taipei Taiwan R. O. C.

Residence: Chunghua State: Taiwan Country: R. O. C.

Full name of second joint inventor, if any (given name, family name) _____

Second Inventor's signature _____ Date _____

Citizenship _____

Mailing Address _____

Residence: City: _____ State: _____ Country: _____

☐ Additional inventors are being named on separately numbered sheets attached hereto.

VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(b)) – INDEPENDENT INVENTOR

Docket Number
AP4001-VRZ1BA03

Applicant, of Patentee: _____

Series or Patent No: _____

Field or Issued: _____

Title: SUPPORTING DEVICE USED IN HAIR DYING

As below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purpose of paying reduced to the Patent and Trademark Office described in:

- ☒ the specification field herewith with as listed above.
☐ The application identified above.
☐ The patent identified above.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).


Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ no such person, concern, or organization exists.
☐ each such person, concern, or organization is listed below.

Separate verified statement are required from each named person, concern or organization having rights to the invention averaging to their status as small entities (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of title 18 of the United States Code, and such that willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

<u>Ji-Fan, Hsing</u>	_____	_____
NAME OF INVENTOR	NAME OF INVENTOR	NAME OF INVENTOR
	_____	_____
Signature of inventor	Signature of inventor	Signature of inventor
<u>Jan. 1, 2004</u>	_____	_____
Date	Date	Date